



**PATIENT**

Miji Charan

**SPECIES**

Feline

**BREED**

Siberian

**SEX**

Intact female

**AGE**

7 years

**WEIGHT**

5 lbs

**PRESENTING CLINICAL SIGNS**

- Diagnosed with VSD 6-8 months ago. Did an echo 4 years ago. Upon physical exam, the BCS was 4/9. There was also a heart murmur (grade 5/6) very clear in the sternal area.
- Current Medications
- None
- CBC unremarkable. Chem moderate elevation of Amylase, moderate decrease in phosphorus, moderate elevation of feline pro-BNP done in-house.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The left atrium is normal in dimension. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is normal in dimension as well as wall thickness, and no evidence of restriction. Left ventricular systolic function is normal, with adequate contractility. The right atrium and ventricle are subjectively normal in dimension and systolic function. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without regurgitation. There is no evidence of systolic anterior mitral valve motion documented. There is dropout in the perimembranous intraventricular septum, with high velocity left to right flow consistent with a left to right shunt. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural valvular integrity. The visible aorta is unremarkable. Pulmonary outflow tract assessment revealed normal valve structure, laminar flow, and appropriate diameter and distensibility. There is no evidence of pulmonary hypertension documented. There is no visible pericardial, pleural, or free peritoneal fluid noted.

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Lakeshore Woods AH

**REFERRING VET**

Dr. Masoud

**INVOICE**

70849

**DATE**

1/22/26

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
<b>PATIENT</b>	2.27 kg	230	0.5	1.25	0.51	44	80
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)
<b>NORMAL PARAMETER</b>	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
<b>PATIENT</b>	1.47	1.56	1.22		0.7	0.9	NM
Adapted from June Boon, Veterinary Echocardiography, 1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

**ULTRASONOGRAPHIC FINDINGS**

These findings identify the previously noted ventricular septal defect, with no significant hemodynamic effects. Given the patients age, this defect is likely restrictive, and not likely to impact lifespan. The remainder of the echocardiogram is consistent with an essentially normal echocardiogram.



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given these findings, no cardiac therapy is recommended. There are no cardiac contraindications to corticosteroids or fluid therapy as indicated for further treatment. A recheck echocardiogram is recommended in 6-12 months.

**Anesthesia considerations:**

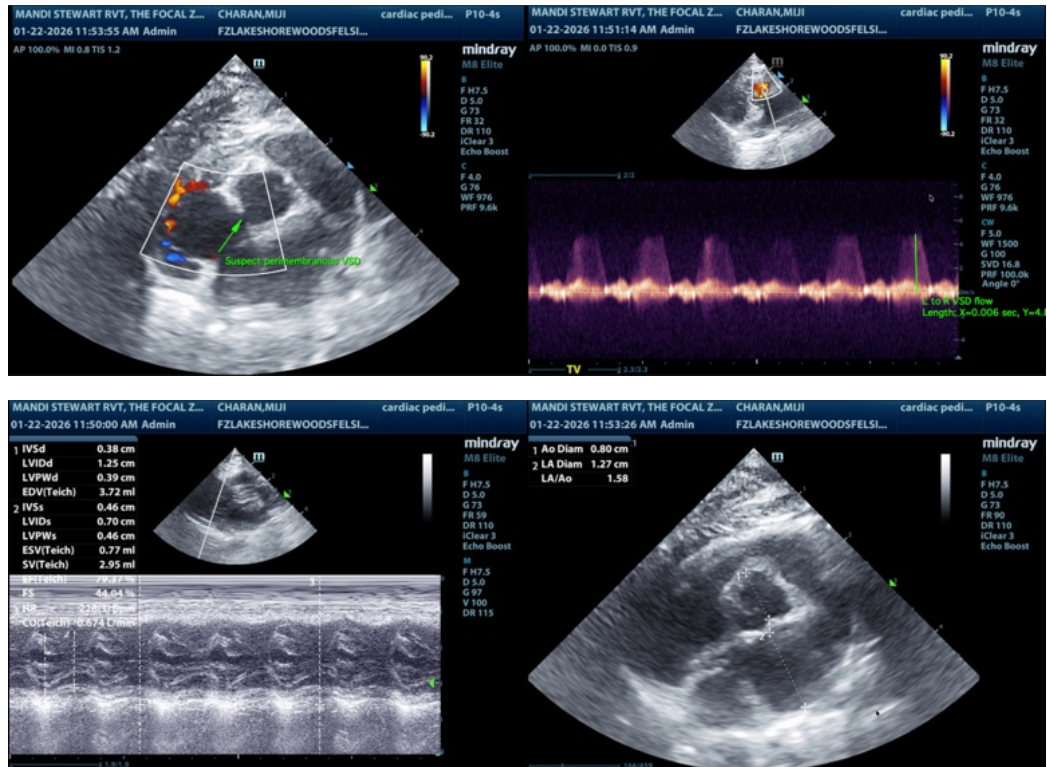
If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. If a beta-blocker (atenolol) is being given, it should not be administered on the morning of general anesthesia. Other cardiac medications should be administered per the normal dosing schedule. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible (i.e., if not hypotensive). A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Premedication with an opioid (i.e., butorphanol, hydromorphone, oxymorphone) with or without a benzodiazepine is generally the safest protocol. An induction agent such as Propofol or alfaxalone can be used to effect. Maintenance of anesthesia with isoflurane or sevoflurane is reasonable.

**Diet:**

No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

**Activity:**

No special considerations are necessary.





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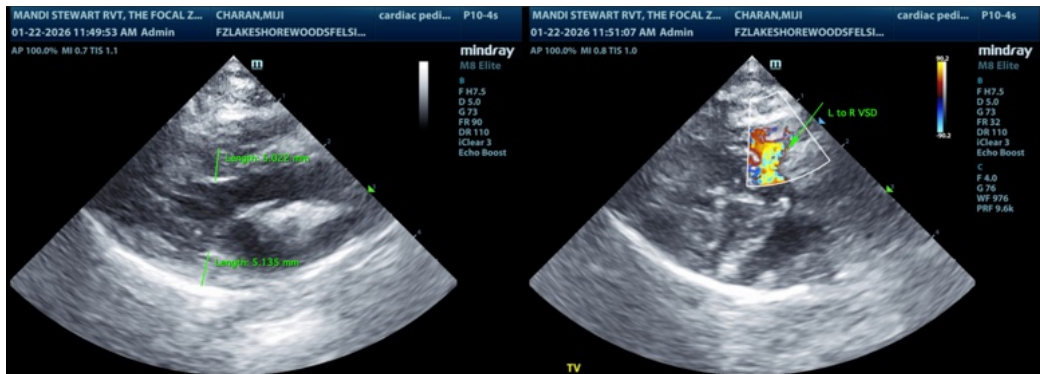
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

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